•	231
* ARIZONA STATE	BOARD OF HEALTH State File No. 183
#	1 9 3 9
1 1 DLACE OF BIRTH	TIFICATE OF BIRTA
19 5	And a second
County	State
District or Township	or Village
16 h	rame ors
City No. (If birth occurred in	a hospital or institution, give its NAME instead of street and number)
(The state of the) If child is not yet named, make
2. Full name of child.	
3. Sex of Child To be answered ONLY) 4. Twin, triples or of	
in event of plural births.	birth of birth Day Year
8. FATHER	
Full name Esteran Vigalado	Full maiden name Vuz Ve Weon
	15. Residence
9. Residence (Usual place of abode)	(Usual place of abode)
	If non-resident, give place and state.
	16. Color or race
39	
	Nex (e au 17. Age at last birthday 55 (Years)
mex/cay	Tuteal
12. Birthplace (city or place)	18. Birthplace (city or place)
(State or country)	(State or country)
5	19. Occupation
13. Occupation hunes	Nature of Industry
Nature of Industry	Hature of Industry
	live and now living
20. Indinoet of children of the	live but now dead thalmia neonatorum?
(Taken as of time of tirth of third never) (c) Stillbor	n
CERTIFICATE OF ATTEN	DING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who wa	(Born alive or still(forn)
(twhen there was no attending physician)	Volegale to Drive
or midwife, then the father, householder, ctc., should make this return. A stillborn	
	(Physician or midwite.)
shows other evidence of life after birth. Given name added from	A LE HYSICIAN OF MINWHE!
a supplement report Month, day, year	1 marin 10
Month, day, year	Jan 26, 30 K. & John
Registrar.	Registrar.
A Property of the Control of the Con	101 100
	1760 - 1/7 - 2/7>